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|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>FMGL-125739666</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Affiliated FM Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>AFF-2008-50</i> | | |
| <i>TOI:</i> | <i>01.0 Property</i> | <i>Sub-TOI:</i> | <i>01.0001 Commercial Property (Fire and Allied Lines)</i> |
| <i>Product Name:</i> | <i>AFF-2008-50</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

Company: Affiliated FM Insurance Company

Product Name: AFF-2008-50

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: FMGL-125739666

SERFF Status: Closed

Co Tr Num: AFF-2008-50

Co Status:

Authors: Justin Brady, CPCU,
Raymond Bullock, Kathy Pinelli

Date Submitted: 07/29/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Llyweyia Rawlins

Disposition Date: 07/30/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):
09/01/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization: none

Reference Title: none

Filing Status Changed: 07/30/2008

State Status Changed: 07/30/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing a manual rule and a Green Endorsement 7316 to use with our filed proVision commercial property insurance product series.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: No filing required.

Reference Number: none

Advisory Org. Circular: none

Deemer Date:

This purpose of this coverage endorsement is to allow our policyholders to repair or replace the damaged (due to an insured cause of loss) part of their real property using more efficient and environmentally friendly building practices and

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| <i>Project Name/Number:</i> | <i>/</i> | | |

materials.

Affiliated FM Insurance Company specializes in insuring medium to large industrial and commercial entities for property insurance.

There is a companion filing AFF-2008-49 for the manual rule.

Company and Contact

Filing Contact Information

| | |
|-----------------------|------------------------------|
| Raymond Bullock, Jr., | raymond.bullock@fmglobal.com |
| 1301 Atwood Ave. | (800) 343-7722 [Phone] |
| Johnston, RI 02919 | (401) 275-3000[FAX] |

Filing Company Information

| | | |
|---------------------------------|-------------------------|-----------------------------------|
| Affiliated FM Insurance Company | CoCode: 10014 | State of Domicile: Rhode Island |
| 1301 Atwood Ave. | Group Code: 65 | Company Type: Property & Casualty |
| P.O.B. 7500 | | |
| Johnston, RI 02919 | Group Name: FM Global | State ID Number: |
| (800) 343-7722 ext. 1863[Phone] | FEIN Number: 05-0254496 | |
| | ----- | |

Filing Fees

| | |
|------------------|-------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50.00 per form filing |
| Per Company: | No |

| | | | |
|---------------------------------|---------|----------------|---------------|
| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
| Affiliated FM Insurance Company | \$50.00 | 07/29/2008 | 21646902 |

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| <i>Filing Company:</i> | <i>Affiliated FM Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>AFF-2008-50</i> | | |
| <i>TOI:</i> | <i>01.0 Property</i> | <i>Sub-TOI:</i> | <i>01.0001 Commercial Property (Fire and Allied Lines)</i> |
| <i>Product Name:</i> | <i>AFF-2008-50</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Llyweyia Rawlins | 07/30/2008 | 07/30/2008 |

SERFF Tracking Number: *FMGL-125739666*

State: *Arkansas*

Filing Company: *Affiliated FM Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *AFF-2008-50*

TOI: *01.0 Property*

Sub-TOI: *01.0001 Commercial Property (Fire and Allied
Lines)*

Product Name: *AFF-2008-50*

Project Name/Number: */*

Disposition

Disposition Date: 07/30/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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|--------------------------|---------------------------------|------------------------|---|
| SERFF Tracking Number: | FMGL-125739666 | State: | Arkansas |
| Filing Company: | Affiliated FM Insurance Company | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AFF-2008-50 | | |
| TOI: | 01.0 Property | Sub-TOI: | 01.0001 Commercial Property (Fire and Allied Lines) |
| Product Name: | AFF-2008-50 | | |
| Project Name/Number: | / | | |

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Explanatory Memorandum | Approved | Yes |
| Supporting Document | Transmittal | Approved | Yes |
| Form | Green Coverage Endorsement | Approved | Yes |

| | | | |
|--------------------------|---------------------------------|------------------------|---|
| SERFF Tracking Number: | FMGL-125739666 | State: | Arkansas |
| Filing Company: | Affiliated FM Insurance Company | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AFF-2008-50 | | |
| TOI: | 01.0 Property | Sub-TOI: | 01.0001 Commercial Property (Fire and Allied Lines) |
| Product Name: | AFF-2008-50 | | |
| Project Name/Number: | / | | |

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|----------------------------|----------------|--------------|----------------------------------|----------------------|-------------|---------------------------------|
| Approved | Green Coverage Endorsement | PRO Green 7316 | (7/08) | Endorsement/Amendment/Conditions | New | | GREEN COVERAGE END 7316 708.pdf |

GREEN COVERAGE ENDORSEMENT

In consideration of additional premium, this policy is extended as follows, subject to the terms and conditions of this policy, and to the extent shown in the declarations section.

1. Coverage Provided:

- a. The reasonable and necessary additional cost incurred by the Insured to replace physically damaged insured property with material of like kind and quality which qualifies as **Green**.
- b. If this policy covers Real Property, the reasonable and necessary additional cost incurred by the Insured to replace the physically damaged portions of insured roofing systems with vegetative roof(s), including but not limited to the addition of trees, shrubs, plants and lawns, which qualify as **Green**.
- c. The reasonable and necessary additional cost incurred by the Insured, as part of a **Green** reconstruction, to flush out the air in the area of the physically damaged insured property with 100% outside air and to provide replacement filtration media for the building's ventilation system that controls the damaged area.
- d. The reasonable and necessary additional fees incurred by the Insured for an accredited professional certified by a **Green Authority** to participate in the design and construction for repairing or rebuilding physically damaged insured property as **Green**.
- e. The reasonable and necessary cost incurred by the Insured for certification or recertification of the repaired or replaced insured property as **Green**.
- f. The reasonable and necessary additional cost incurred by the Insured for **Green** removal, disposal or recycling of damaged insured property.
- g. The **business interruption** (if covered) loss during the additional time required for making the changes to the insured property in the coverages above.

2. Additional Exclusions:

This endorsement does not cover:

- a. Stock, **raw materials, finished goods**, merchandise, **production machinery and equipment, electronic data processing equipment** not used in the support of the real property, **processing water**, molds and dies, property in the open, property of others for which the insured is legally liable, or personal property of employees and officers.
- b. Any loss adjusted on any valuation basis other than repair or replacement cost basis as per the Basis of Valuation section of this policy.
- c. Any loss covered under any other section of this policy.
- d. Any cost incurred due to any law or ordinance with which the Insured was legally obligated to comply prior to the time of the insured direct physical loss or damage.

Definitions:

Green means products, materials, methods and processes certified by a **Green Authority** that conserve natural resources, reduce energy or water consumption, avoid toxic or other polluting emissions or otherwise minimize environmental impact.

Green Authority means an authority on **Green** buildings, products, materials, methods or processes that is certified and accepted by Leadership in Energy and Environmental Design (LEED®), **Green** Building Initiative Green Globes®, Energy Starr Rating System or any other recognized **Green** rating system.

Production Machinery and Equipment means any production or process machine(s) or apparatus that processes, forms, cuts, shapes, grinds, or conveys **raw materials**, materials in process or **finished goods** including any equipment or apparatus that is mounted upon or used exclusively with any one or more production or process machines(s) or apparatus.

It is understood that coverages granted by this endorsement are a part of, and not in addition to, the policy limit of liability or any other sub-limits of liability in this policy.

All other terms and conditions of this policy remain unchanged.

SERFF Tracking Number: *FMGL-125739666*

State: *Arkansas*

Filing Company: *Affiliated FM Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *AFF-2008-50*

TOI: *01.0 Property*

Sub-TOI: *01.0001 Commercial Property (Fire and Allied
Lines)*

Product Name: *AFF-2008-50*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

| | | | |
|--------------------------|---------------------------------|------------------------|---|
| SERFF Tracking Number: | FMGL-125739666 | State: | Arkansas |
| Filing Company: | Affiliated FM Insurance Company | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AFF-2008-50 | | |
| TOI: | 01.0 Property | Sub-TOI: | 01.0001 Commercial Property (Fire and Allied Lines) |
| Product Name: | AFF-2008-50 | | |
| Project Name/Number: | / | | |

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Review Status: | Approved | 07/30/2008 |
| Comments: | | | | |
| Attachment: | !AR PRO GREEN TRANS 7 28 08.pdf | | | |

| | | | | |
|-------------------------|-------------------------------------|-----------------------|----------|------------|
| Satisfied -Name: | Explanatory Memorandum | Review Status: | Approved | 07/30/2008 |
| Comments: | | | | |
| Attachment: | !AFF Expl Memo End ONLY 7 25 08.pdf | | | |

| | | | | |
|-------------------------|---------------------------------|-----------------------|----------|------------|
| Satisfied -Name: | Transmittal | Review Status: | Approved | 07/30/2008 |
| Comments: | | | | |
| Attachment: | !AR PRO GREEN TRANS 7 28 08.pdf | | | |

Property & Casualty Transmittal Document (Revised 1/1/06) ARKANSAS

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | |
|---------------------------------|-----------------|---------------|---------------|---------------------|-----|
| 3. Group Name | FM Global | | | Group NAIC # | 065 |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | | |
| Affiliated FM Insurance Company | RI | 10014 | 05-0254496 | | |
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| 5. Company Tracking Number | AFF-2008-50 |
|-----------------------------------|--------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | |
|---|--------------|--------------------------|----------------|------------------------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| Raymond F. Bullock 1301 Atwood Avenue P.O. Box 7500, 2 WC Johnston, RI 02919 | Asst. Mgr. | 1-401-275-3000, x1940 | 1-401-275-3032 | raymond.bullock@fmglobal.com |
| | | | | |
| 7. Signature of authorized filer | | | | |
| 8. Please print name of authorized filer | | Raymond F. Bullock | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|---|--|
| 9. Type of Insurance (TOI) | 1.0000 |
| 10. Sub-Type of Insurance (Sub-TOI) | 1.0001 |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | ProVision |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 91/08 Renewal: 91/08 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | JULY 29, 2008 |
| 19. Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document

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| 20. | This filing transmittal is part of Company Tracking # | AFF-2008-50 |
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| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
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In response to current environmental concerns, we created a Green Endorsement 7316 (7/08) and developed a rating rule to determine the development of a price for green coverage. The purpose is to provide for additional green costs to replace physically damaged insured property with material of like kind and quality which qualifies as green.

This would include real property such as roofs, windows, air filtration controls, green design, full replacement of green property and the removal and recycling of damaged green property.

In addition to property damage, if the Insured experiences additional insured time element loss due to green repairs to property coverage will be afforded up to the combined property damage/time element selected limit 25%/dollar amount over and above the loss or damage covered under the policy.

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | AFF-2008-50 | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | There is no change in rates. | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Green Coverage Endorsement | PRO GREEN 7316 (6/08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

AFFILIATED FM INSURANCE COMPANY
Filing AFF-2008-50
Green Endorsement Explanatory Memorandum

In response to current environmental concerns, we created a Green Endorsement 7316 (7/08) and developed a rating rule to determine the development of a price for green coverage. The purpose is to provide for additional green costs to replace physically damaged insured property with material of like kind and quality which qualifies as green. This would include real property such as roofs, windows, air filtration controls, green design, full replacement of green property and the removal and recycling of damaged green property.

In addition to property damage, if the Insured experiences additional insured time element loss due to green repairs to property coverage will be afforded up to the combined property damage/time element selected limit 25%/dollar amount over and above the loss or damage covered under the policy.

Property & Casualty Transmittal Document (Revised 1/1/06) ARKANSAS

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | |
|---------------------------------|-----------------|---------------|---------------|---------------------|-----|
| 3. Group Name | FM Global | | | Group NAIC # | 065 |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | | |
| Affiliated FM Insurance Company | RI | 10014 | 05-0254496 | | |
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|-----------------------------------|--------------------|
| 5. Company Tracking Number | AFF-2008-50 |
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | |
|---|--------------|--------------------------|----------------|------------------------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| Raymond F. Bullock 1301 Atwood Avenue P.O. Box 7500, 2 WC Johnston, RI 02919 | Asst. Mgr. | 1-401-275-3000, x1940 | 1-401-275-3032 | raymond.bullock@fmglobal.com |
| | | | | |
| 7. Signature of authorized filer | | | | |
| 8. Please print name of authorized filer | | Raymond F. Bullock | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|---|--|
| 9. Type of Insurance (TOI) | 1.0000 |
| 10. Sub-Type of Insurance (Sub-TOI) | 1.0001 |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | ProVision |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 91/08 Renewal: 91/08 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | JULY 29, 2008 |
| 19. Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document

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| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

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| 1. | This filing transmittal is part of Company Tracking # | AFF-2008-50 | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | There is no change in rates. | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
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| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |